

**DEPARTMENT OF CHILD SERVICES
CELLULAR PHONE AUTHORIZATION AND USAGE AGREEMENT**

PART A: To be completed before equipment and service is acquired.

Work Unit Director Name	
Title	
Office Phone	
Email	
My signature below is verification that the employee listed below has been approved for the use of a State-owned cellular phone on the basis that the phone is needed to increase the employee's efficiency, effectiveness, and/or to provide for the employee's safety while conducting business on behalf of the State of Indiana. By signing this document, I am giving approval for the cellular phone coordinator in my work unit to proceed with the acquisition of the necessary equipment and service.	
Signature _____ Date _____	

Employee Name	
Title	
Office Phone	
Email	

PART B: To be completed prior to issuance of equipment to employee.

Phone Model Name		
Serial Number		
Phone Usage	<input type="checkbox"/> Individual phone <input type="checkbox"/> Shared workgroup phone	

As a user of a state-owned cellular phone, I agree to the following conditions:

1. The cellular phone shall be used for official DCS business. Personal use, if any, shall be limited to infrequent, incidental and/or emergency use. I agree to reimburse DCS for any emergency personal calls [incoming and/or outgoing personal cellular phone calls] that are longer than five (5) minutes in duration by submitting the highlighted billing statement along with the appropriate reimbursement amount (calculated at 15 cents per minute plus applicable roaming and long distance charges) to the cellular telephone coordinator on a monthly basis.
2. I understand that I am responsible for the appropriate use and safekeeping of the cellular phone. In the event of loss or damage to the cellular phone, I am personally responsible for the cost of replacement or repair unless I can demonstrate that I have exercised reasonable care of the cellular phone. In the event my employment with DCS ceases, I will return the phone and all equipment to my supervisor.
3. If more than one employee shares the use of the cellular phone, I agree to use the checkout system each time I take the cellular telephone for use.
4. I have read and I understand the DCS Cellular Phone policy, and I agree to the terms and conditions outlined in the policy.

Employee Signature: _____ Date: _____

Printed Name: _____